

**§ 131E-281. Additional information.**

(a) In addition to the information filed under G.S. 131E-280, each application shall include a description of the following:

- (1) The program to be used to evaluate whether the applicant's network of sponsoring providers and contracted providers is sufficient, in numbers and types of providers, to assure that all health care services will be accessible without unreasonable delay;
- (2) The program used to evaluate whether the sponsoring providers provide a substantial portion of services under each Medicare contract of the PSO;
- (3) The program to be used for verifying provider credentials;
- (4) The utilization review program for the review and control of health care services provided or paid for by the applicant;
- (5) The quality management program to assure quality of care and health care services managed and provided through the health care plan; and
- (6) The applicant's network of sponsoring providers and contracted providers and evidence of the ability of that network to provide all health care services other than out-of-network services and emergency services to the applicant's prospective beneficiaries.

(b) The Division may promulgate rules and regulations exempting from the filing requirements of subsection (a) of this section those items it deems unnecessary. (1998-227, s. 1.)